### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change WILLIAM PENN HOUSE Name change FRIENDS PLACE ON CAPITOL HILL 52-0846718 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 515 EAST CAPITOL STREET SE (202) 543-5560 482,880. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20003 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRIDGET MOIX for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( 4947(a)(1) or ) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► WWW.FRIENDSPLACEDC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1993 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: FRIENDS PLACE IS A QUAKER GUEST **Activities & Governance** HOUSE AND LEARNING CENTER THAT OFFERS AFFORDABLE GROUP LODGING, if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 383,853. 345,150. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 0. -969. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 99,027. 11 345,150. 481,911. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 77,895. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 231,637. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 73,269. 444,579. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 676,216. 151,164. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 193,986. -194,305. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 28 1,383,566. 2,186,884. 20 Total assets (Part X, line 16) 659,816. 1,657,439. 21 Total liabilities (Part X, line 26) 三年 723,750. 529,445 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 5/15/2023 Signature of officer Sign ASSO. JAMES T. SWINDELL, GEN. SECRETARY -FIN &AD Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature FRANK H. SMITH FRANK H. SMITH 05/15/23 self-employed ₽00639053 Paid Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW #850 Use Only Phone no. (202) 822-5000 WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FRIENDS PLACE ON CAPITOL HILL IS A WELCOMING SPACE THAT OFFERS
	HOSPITALITY CENTERED IN PEACE, CIVIC EDUCATION, AND JUSTICE-BASED
	ADVOCACY FOR LEARNERS AND LEADERS OF ALL AGES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$676,216 •including grants of \$) (Revenue \$99,027 •)
	WILLIAM PENN HOUSE PROVIDES A WELCOMING AND INCLUSIVE COMMUNITY FOR
	LEARNING, SPIRITUAL EXPLORATION, AND RESTORATION IN THE QUAKER
	TRADITION FOR INDIVIDUALS AND GROUPS TRAVELING TO WASHINGTON, D.C. FOR
	EDUCATION AND ADVOCACY ON ISSUES OF PEACE BUILDING AND SOCIAL JUSTICE.
	EDUCATION AND ADVOCACT ON ISSUES OF FEACE BUILDING AND SOCIAL OUSTICE:
	IN FY21, WILLIAM PENN HOUSE WAS RENAMED FRIENDS PLACE AND UPON
	·
	REOPENING IN 2022 PROVIDES EDUCATIONAL AND SERVICE PROGRAMS GIVING
	OPPORTUNITIES TO LEARN AND EXPLORE ISSUES OF SOCIAL JUSTICE THROUGH
	DIRECT SERVICE ACTIVITIES, DISCUSSIONS WITH COMMUNITY LEADERS AND
	ACTIVISTS, AND VISITS WITH MARGINALIZED COMMUNITIES IN WASHINGTON, DC
	AND THE SURROUNDING AREA.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 676,216.
	Form <b>990</b> (2021)

# Form 990 (2021) WILLIAM PENN HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		<sub>V</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) WILLIAM PENN HOUSE
Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	agn	(0004)

132004 12-09-21

Form **990** (2021)

Form 990 (2021) WILLIAM PENN HOUSE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
_										
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		1						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדיו								
10	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

132005 12-09-21

Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No" ı	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12		110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director twister or key ampleyed	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	·····		
Ū	of efficiency discretes to the characteristics of the control of t	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the second of the second o	_		X
6	Bid the consideration have a combine or at all addition	6	Х	
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a		7a	Х	
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>1a</u>	- 25	
b	and the state of t	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		25	
		8a	Х	
_	The governing body?  Each committee with authority to act on behalf of the governing body?		X	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	65	- 25	
9		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 21
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b	and branches to any weather a secretary and the first secretary with the approximation in a secretary and a se	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form			Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·		12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14	Did the constitution of the decrease of the de			х
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization			х
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶DC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501)	(c)(3)s onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	· /\-/··· <b>/</b> /		
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	v. and finan	cial	
	statements available to the public during the tax year.	,,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAMES T. SWINDELL - (202) 543-5560			

Form **990** (2021)

515 EAST CAPITOL STREET SE, WASHINGTON, DC 20003

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position			Reportable	Reportable	Estimated			
Tallio allo allo	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yoldı	t con	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANE RANDALL	2.00		_							
GENERAL SECRETARY (TO 12/31/21)	38.00			Х				14,423.	205,109.	32,724.
(2) JAMES T. SWINDELL	2.00								-	-
ASSOC. GEN. SECR FINANCE & ADM	38.00			Х				9,210.	130,967.	27,782
(3) ADLAI AMOR	2.00									
ASSOC. GEN. SECRETARY - CO	38.00					Х		9,128.	129,810.	17,990
(4) STEPHEN DONAHOE	2.00									
DIRECTOR OF DEVELOPMENT	38.00					X		7,840.	111,496.	23,733
(5) RON FERGUSON	1.00									
ASSISTANT CLERK	3.00	Х		Х				0.	0.	0
(6) MARY LOU HATCHER	1.00							_	_	_
CLERK	3.00	Х		Х				0.	0.	0 .
(7) STEVE OLSHEVSKI	1.00									
TREASURER	0.00	Х		Х				0.	0.	0 .
(8) ABIGAIL E. ADAMS	1.00	ļ								
BOARD MEMBER	3.00	Х						0.	0.	0
(9) JONATHAN W. BROWN	1.00	ļ								
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) REBECCA BURGESS	1.00									
BOARD MEMBER (TO 10/2021)	0.00	Х						0.	0.	0
(11) ERNIE BUSCEMI	1.00									
BOARD MEMBER (TO 10/2021)	1.00	Х						0.	0.	0.
(12) MEGAN FAIR	1.00	ļ								
BOARD MEMBER (TO 10/2021)	2.00	Х						0.	0.	0.
(13) JANE HILES	1.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(14) WILLIAM HOBSON	1.00	ļ								
BOARD MEMBER (TO 10/2021)		Х			<u> </u>			0.	0.	0
(15) EBBY LUVAGA	1.00								_	
BOARD MEMBER	2.00	Х			_	-		0.	0.	0 .
(16) DOUG MCCOWN	1.00	٦,						_	_	
BOARD MEMBER	2.00	Х			$\vdash$	-		0.	0.	0 .
(17) LYNN OBERFIELD	1.00	₩.						_	0.	_
BOARD MEMBER	2.00	X			l	<u> </u>		0.	U •	Form <b>990</b> (202

Form **990** (2021)

52-0846718

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		s (continued)				
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable		l .	timate	
	hours per week					is botl or/trus		compensation	compensatio		l .	nount	ot
	(list any	tor						from the	from related organization		l .	other pensa	ition
	hours for	Individual trustee or director				- D		organization	(W-2/1099-MIS		l	om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	trust	nstitutional trustee		oyee	Highest compensated employee		1099-NEC)			and	d relat	ed
	below	vidua	itutio	Officer	Key employee	hest o	Former				orga	ınizati	ons
	line)	lnd	lust	)HI	Key	E High	Por						
(18) DEBORAH HEIJL	1.00									•			•
BOARD MEMBER (AS OF 11/2021)	2.00	Х					-	0.		0.			0.
(19) KATHY GUTHRIE	1.00	3,7								^			^
BOARD MEMBER (AS OF 11/2021)	2.00	Х				-		0.		0.			0.
(20) ANNA MCCORMALLY BOARD MEMBER (AS OF 11/2021)	1.00	Х						0.		0.			Λ
(21) BRIDGET MOIX	2.00	Λ				_		0.		0.			0.
GENERAL SECRETARY (AS OF 01/2022)	38.00			х				0.		0.			0.
GENERAL SECRETARI (AS OF 01/2022)	30.00			^		_		0.		0.			<u> </u>
		•											
		-											
1b Subtotal	•						<u> </u>	40,601.	577,3	82.	10	2,2	<del>29.</del>
c Total from continuation sheets to Part VI								0.	,	0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	40,601.	577,3	82.	10	2,2	29.
2 Total number of individuals (including but n							no re	eceived more than \$100,	000 of reportable	e			
compensation from the organization									·				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	r hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes, " con	plete Schedule	e J f	or st	ıch <u>ı</u>	oers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								pensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin I		ear.				
<b>(A)</b> Name and business	address	NT/	\\TT	7				<b>(B)</b> Description of s	envices	_	(C Compe	;) neatio	n
Name and business	addicss	11/	INC	<u> </u>			-	Description of s	CI VICC3		Jonnpei	isatio	
							-						
-													
2 Total number of independent contractors (i	ncludina hut n	ot lir	nited	d to	thos	se lis	sted	above) who received mo	ore than				
\$100,000 of compensation from the organi	· ·					)		,					
+											Form	aan /	0001)

132008 12-09-21

Form 990 (2021) WILLIAM
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respo	nse (	or note to any line	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									Turiction revenue	business revenue	sections 512 - 514
တ္ တ	1	а	Federated campaigns		1a						
ant	•		Membership dues								
င်ာ မြ			Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations								
ig je			Government grants (contri								
Sin			All other contributions, gifts,								
ĕĔ		•	similar amounts not included				383,853.				
흡		_					303,0331				
n o		-	Noncash contributions included in I					383,853.			
OB		-11	Total. Add lines 1a-1f				Business Code	303,033.			
	_						Dusiness Code				
<u>i</u>	2	a									
er ne		b									
n S		C				_					
Program Service Revenue		d				_					
Š		e				_					
ш			All other program service								
	_		Total. Add lines 2a-2f								
	3	3	Investment income (includ								
			other similar amounts)								
	4		Income from investment o		' <del>-</del>	-					
	5	•	Royalties								
					(i) Real		(ii) Personal				
	6	a	Gross rents	<u>6a</u>							
			Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss)								
	7	a	Gross amount from sales of		(i) Securit	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b			969.				
her Revenue		С	Gain or (loss)	7с			-969.				
Be		d	Net gain or (loss)				<b></b>	-969.			-969.
her	8	а	Gross income from fundraising	ig ev	ents (not						
ð			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from t			ts_	<b></b>				
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng activities		<b></b>				
	10	a	Gross sales of inventory, le	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sales	of inventor	у	<b>&gt;</b>				
,							Business Code				
oŭ a	11		HOSPITALITY F	EE;	S		900099	88,325.	88,325.		
Miscellaneous Revenue		b	FACILITY USE				900099	10,702.	10,702.		
eve		С				_					
Aisc		d	All other revenue								
2	_		Total. Add lines 11a-11d				<b>D</b>	99,027.			
	12		Total revenue. See instruction				<b></b>	481,911.	99,027.	0.	-969.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 33,867. 33,867. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 161,622. 161,622. Other salaries and wages 7 Pension plan accruals and contributions (include 9,215. 9,215. section 401(k) and 403(b) employer contributions) <u>10,</u>393. 10,393. Other employee benefits 9 16,540. 16,540. 10 Payroll taxes Fees for services (nonemployees): Management Legal 6,550. 6,550. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 37. 37. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 12,429. 12,429. Office expenses 13 519. 519. Information technology 14 15 Royalties 147,163. 147,163. 16 Occupancy 2,133. 2.133. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 31. 31. 20 Payments to affiliates 21 54,021. 54,021. 22 Depreciation, depletion, and amortization 12,085. 12,085. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 188,064. 188,064. ALLOCATIONS TO FUNCTION TAXES & LICENSES 21,547. 21,547. С d All other expenses 676,216. 676,216. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

	Check if Schedule O contains a response or no	to to on	line in this Part V			
		te to arry	IIIIe III II IIIS Fait A			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			280,507.	1	211,229
2					2	
3					3	
				45,000.	4	35,800
	trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
	controlled entity or family member of any of the	se perso	ns		5	
6	Loans and other receivables from other disqual	ified pers	sons (as defined			
	under section 4958(f)(1)), and persons describe		6			
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			11,159.	9	11,901
10a						
	basis. Complete Part VI of Schedule D		2,293,075.			
b			· · · · · · · · · · · · · · · · · · ·	1,046,900.	10c	1,927,852
11				11	102	
12			12			
13				13		
14				14		
15	Other assets. See Part IV, line 11			4 222 566	15	
16					2,186,884	
17			201,524.		99,408	
			ı			
	•				21	
				2 006		0
				3,980.		0
	· · · · · · · · · · · · · · · · ·			24 052		0
				34,334.	24	0
25	-	-				
		S 17-24).	Complete Part X	119 351	0.5	1,558,031
26						1,657,439
20				035,010.	20	1,037,437
		ECK HEIE				
27	• • • • • • • • • • • • • • • • • • • •			445 129.	27	164,292
				365,153		
20				27070211	20	303,133
		oo, che	ck field			
20		:			20	
<b>.</b>				723,750.	32	529,445
32	Total net assets or fund balances		1	143.130.	.3/	
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current of trustee, key employee, creator or founder, substitutive, key employee, creator or founder, substitutive, and other receivables from other disqual under section 4958(f)(1)), and persons described. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal to the payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or form trustee, key employee, creator or founder, substitutive, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.  Capital stock or trust principal, or current funds and complete lines 2	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these persor of Loans and other receivables from other disqualified person under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10b Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Intangible assets 15 Other assets. See Part IV, line 11 Intangible assets 16 Other assets. See Part IV, line 11 Intangible assets 17 Accounts payable and accrued expenses Grants payable Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third pother in the payable of the parties, and other liabilities not included on lines 17-24), of Schedule D Creative Net Intended on lines 17-24), of Schedule D Creative Net Intended on Incentifications that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.  28 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,293,075. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here    26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here    30 Aparts and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions Net assets with donor restrictions Net assets without donor restrictions Particular of the parties and complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 1 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 1 Intragible assets 10 Other assets. See Part IV, line 11 11 Intragible assets 11 Trada lassets. Add lines 1 through 15 (must equal line 33) 11 Trak exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here    27 Total liabilities. Add lines 17 through 25 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund	1 Cash - non-interest-bearing 280 , 507 . 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 45 , 000 . 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2 , 293 , 075 . b Less: accumulated depreciation 10b 365 , 223 . 1 , 046 , 900 . 10c 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intrangible assets 14 Intrangible assets 14 Intrangible assets 14 Intrangible assets 15 Other assets. See Part IV, line 11 1 1, 383 , 566 . 18 17 Accounts payable and accrued expenses 201 , 524 . 17 19 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 17 524 . 17 19 19 Deferred revenue 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 3 , 986 . 22 10 Loans and other payables to unrelated third parties 22 10 Loans and other liabilities not included on lines 17:24). Complete Part X of Schedule D 21 10 11 11 11 11 11 11 11 11 11 11 11 11

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72	3,7	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	52	9,4	45.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		İ
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization WILLIAM PENN HOUSE 52-0846718 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	,	ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		, ,	,	,		
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	· ·				i01(c)(3)	
	organization, check this box and stop					. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						<b>▶</b> □
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	•		<b>&gt;</b>
b	10% -facts-and-circumstances test	•	•			17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		<b>▶</b> □
18	<b>Private foundation.</b> If the organization		-		•		s <b>&gt;</b>
	<u> </u>		· · · · · · · · · · · · · · · · · · ·				(Form 990) 2021

Schedule A (Form 990) 202

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, picase comp	icte i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	67,402.	61,333.	848,688.	345,150.	383,853.	1706426.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	243,709.	228,522.	16,275.		99,027.	587,533.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	311,111.	289,855.	864,963.	345,150.	482,880.	2293959.
	Amounts included on lines 1, 2, and 3 received from disqualified persons			250,000.	200,000.	250,000.	700,000.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b			250,000.	200,000.	250,000.	700,000.
8	Public support. (Subtract line 7c from line 6.)						1593959.
Sec	ction B. Total Support				·		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	311,111.	289,855.	864,963.	345,150.	482,880.	2293959.
102	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23.	51.	211.			285.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
_	acquired after June 30, 1975	23.	51.	211.			285.
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	23.	51.	211.			203.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	311,134.	289,906.	865,174.	345,150.	482,880.	2294244.
14	First 5 years. If the Form 990 is for the	•					_
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					[	60.40
	Public support percentage for 2021 (li			.,,		15	69.48 %
	Public support percentage from 2020 ction D. Computation of Inves					16	79.14 %
	·			20 12 column (f)		47	.01 %
	Investment income percentage for 20 Investment income percentage from 2			ne 13, column (f))		17	.01 %
	33 1/3% support tests - 2021. If the	•					
.56	more than 33 1/3%, check this box ar						► V
b	33 1/3% support tests - 2020. If the	=		•	•		
	line 18 is not more than 33 1/3%, che	•				,	. $\square$
20	Private foundation. If the organization		-			-	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
- Gu		
3b		
30		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
3		
7		
7		
0		
8		
0-		
9a		
0.		
9b		
9c		
10a		
10b		

132024 01-04-21

Pa	TIV Supporting Organizations (continued)			
		$\rightarrow$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations	<del></del>	1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported englineations and multiported to each period adming the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>.                                      </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role placed by the organization in this regard.	3b		

rt V Type III Non-Functionally Integrated 500(a)(3) Supporting	na Organi	zatione	02 0040710 Page 6
			Doub VII) Coo in about tions
			Part VI). See instructions.
	st complete s	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		(-
•			
·	+ +		
	6		
· · · · · · · · · · · · · · · · · · ·			
Adjusted Net Income (Subtract lines 3, 0, and 7 from line 4)			(B) Current Year
ion B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Type III Non-Functionally Integrated 509(a)(3) Supportin  Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mustion A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3.  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  tion B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  Subtract line 2 from line 1d.  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  tion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nall other Type III non-functionally integrated supporting organizations must complete Stion A - Adjusted Net Income  Net short-term capital gain Necoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3.  Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions for short tax year or assets held for part of year):  Average monthly value of securities Integrated of the part of year):  Average monthly value of securities Integrated of the part of the part of year (see a year)  Integrated of the part of year (see a year)  Acquisition indebtedness applicable to non-exempt-use assets  Caphain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets  Subtract line 2 from line 1d.  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Acquisition indebtedness applicable to non-exempt-use assets  Cash deemed held for exempt use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Other expenses (see instructions)  Integrated of line 2 or line 3.  Income tax imposed in prior year (from Section A, line 8, column A)  Income tax imposed in prior year (from Section B, line 8, column A)  Income tax imposed in prior	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E.    Add Inter Type III non-functionally integrated supporting organizations must complete Sections A through E.    Add Inter Type III non-functionally integrated supporting organizations must complete Sections A through E.    Add Inter

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if			$\neg$	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

WILLIAM PENN HOUSE

52-0846718

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
•	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one of the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Inine 1. Complete Parts I and II.				
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one they sear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering o) instead of the contributor name and address), II, and III.				
year, contributions is checked, enter I purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year    **Description**  **Description*				
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# WILLIAM PENN HOUSE

52-0846718

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

WILLIAM PENN HOUSE 52-0846718

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.			

Page 3

Name of organization Employer identification number

# WILLIAM PENN HOUSE

52-0846718

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/53 11-11	01		Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** WILLIAM PENN HOUSE 52-0846718 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

WILLIAM PENN HOUSE

**Employer identification number** 52-0846718

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at an el aforcas	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
			<b>L</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		, p. 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		PENN HOUS						52-08	46718	} Pa	age 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	Assets	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	t make sig	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	C			hange progra						
b	Scholarly research	•	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						_		1
	on Form 990, Part X?							L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A		
									Amount		
	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance						<u>_1f</u>		7 ٧		1 N/a
	Did the organization include an amount on Fo								Yes		∫ No ⊺
Par	If "Yes," explain the arrangement in Part XIII.  To V Endowment Funds. Complete in the complet										
	Onipicte	(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears	hack
12	Beginning of year balance	(a) cancert year	(2):	,	(0)	ro suon (	<b>-,</b>		(5)   541	<i>y</i> • • • • •	
h	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)	) held as:	•			•		
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm		D - 4 N	/ l'== 44 = 0		D-4V E	10				
	Complete if the organization answere		•					.			
	Description of property	(a) Cost or o		` '	or other		cumulate	ed	(d) Book	value	9
		basis (investi	nent)		(other)	dep	reciation		1 /	\ F	2 2
	Land				0,533.	7	F.C. 17.	2			33.
	Buildings			∠,⊥7	6,401.	3	56,70	00.	1,819	, 6	70.
	Leasehold improvements										
d	Equipment			1.0	<i>-</i> 1 1 1		<u> </u>		0.5		

Schedule D (Form 990) 2021

1,927,852.

8,520.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

106,141.

Schedule D (Form 990) 2021 WILLIAM PEN	IN HOUSE	52	-0846718 Page <b>3</b>
Part VII Investments - Other Securities.		141 O E 000 B 1 V II 10	
Complete if the organization answered "Yes"	_		l afa
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
	on Form 000 Port IV line	110 See Form 000 Port V line 12	
Complete if the organization answered "Yes"  (a) Description of investment			l of year market value
	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	Lon Form 000 Dort IV line	11d Con Form 000 Dort V line 15	
Complete if the organization answered "Yes"		TTd. See Form 990, Part A, line 15.	(b) Book value
	) Description		(D) BOOK VAIUE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
Part X Other Liabilities.	<u>le 15.)</u>	······	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(15 19 69199	0111 01111 000, 1 411 17, 11110	710 01 711. 000 1 0111 000, 1 art X, iiii 20.	(b) Book value
·			(b) Book value
(1) Federal income taxes (2) DUE TO AFFILIATE			1,558,031.
(3)			1,000,001
(4)			
(5)			
(6)			
\ <del>-</del> /			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

1,558,031.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

Schedule D (Form 990) 2021

(7) (8) (9)

Pai	rt XI	Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	realized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		nes <b>4a</b> and <b>4b</b>			
5 Da	lotal e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	ne 18.)	5	
			nd 4: Dort IV lines 1b and 0b: Dor	t V. line 4: Dort V. line 0: Dort	· VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 4b; and Part XII, lines 2d and 4b. Also complete this part to provic		t v, iii le 4, Part A, iii le 2, Part	۸۱,
111163	Zu anu	45, and Fart Air, lines 20 and 45. Also complete this part to provid	e arry additional information.		

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

WILLIAM PENN HOUSE

Employer identification number 52-0846718

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
a	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		Х
	The organization?  Any related organization?	6a 6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	UD		-22
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3	5 1 1 1 1 1 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANE RANDALL	(i)	13,492.	931.	0.	1,179.	971.	16,573.	0.
	(ii)	191,872.	13,237.	0.	16,770.	13,804.	235,683.	0.
(2) JAMES T. SWINDELL	(i)	9,210.	0.	0.	810.	1,016.	11,036.	0.
	(ii)	130,967.	0.	0.	11,514.	14,442.		0.
(3) ADLAI AMOR	(i)	9,128.	0.	0.	791.	391.		0.
	(ii)	129,810.	0.	0.	11,247.	5,561.	146,618.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
·	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
WILLIAM PENN HOUSE DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES. ALL
EMPLOYEES ARE EMPLOYEES OF THE FRIENDS COMMITTEE ON NATIONAL LEGISLATION
(FCNL), A RELATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(4).
WHEN HIRING THE GENERAL SECRETARY AND THEREAFTER FOR AT LEAST EVERY FIVE
YEARS, THE FCNL EXECUTIVE COMMITTEE WILL PERFORM A THOROUGH REVIEW TO
DETERMINE SUITABLE COMPENSATION. THE PROCESS IS TO INCLUDE A REVIEW OF
COMPARABILITY DATA BY THE EXECUTIVE COMMITTEE. COMPARABILITY DATA MAY
INCLUDE COMPENSATION SURVEYS AND 990S OF SIMILAR ORGANIZATIONS.

# **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

WILLIAM PENN HOUSE

**Employer identification number** 52-0846718

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GATHERING SPACE, AND CIVIC ENGAGEMENT PROGRAMMING JUST BLOCKS FROM THE
NATION'S CAPITOL.
FORM 990, PART VI, SECTION A, LINE 6:
THE EDUCATION FUND IS THE SOLE MEMBER OF WPH.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS IS APPOINTED BY FCNL EDUCATION FUND.
FORM 990, PART VI, SECTION A, LINE 7B:
GOVERNANCE DECISIONS OF THE ORGANIZATION IS RESERVED TO THE EDUCATION FUND.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FEDERAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE
FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY ALL MEMBERS OF THE BOARD COMPLETE AND SIGN A STATEMENT THAT
PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY
MEMBER THAT COULD GIVE RISE TO CONFLICTS. WHEN A WILLIAM PENN HOUSE BOARD
MEMBER BECOMES AWARE OF A CONFLICT OF INTEREST, THE MEMBER GIVES
NOTIFICATION IN WRITING TO THE CLERK OR ASSISTANT CLERK OF THE WILLIAM PENN
HOUSE BOARD. THE CLERK OR ASSISTANT CLERK NOTIFIES THE WILLIAM PENN HOUSE
BOARD OF THE CONFLICT OF INTEREST, AND ADVISE AND ENCOURAGE THE MEMBER
REGARDING APPROPRIATE PARTICIPATION IN ALL DISCUSSION, ADVOCACY, AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization  WILLIAM PENN HOUSE	Employer identification number 52-0846718
DECISIONS OF THE WILLIAM PENN HOUSE BOARD RELATED TO THE S	UBJECT OF THE
CONFLICT OF INTEREST. THIS POLICY IS DISCUSSED ANNUALLY BY	THE WILLIAM PENN
HOUSE BOARD AT THE FIRST MEETING OF THE CALENDAR YEAR AND	REVIEWED AS
NEEDED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD REVIEWS THE EXECUTIVE COMPENSATION USING THE COM	PARABILITY DATA,
AND APPROVES THE COMPENSATION ALONG WITH THE ANNUAL BUDGET	•
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-0846718

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct c	( <b>f)</b> ontrolling itity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	ecause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
FRIENDS COMMITTEE ON NATIONAL LEGISLATION -	BRING CONCERNS OF THE						
53-0178883, 245 2ND STREET, NE, WASHINGTON,	RELIGIOUS SOCIETY OF						
DC 20002	FRIENDS TO BEAR ON PUBLIC	DISTRICT OF COLUMBIA	501(C)(4)		N/A		X
FCNL EDUCATION FUND - 52-1254489	TO INFORM MEMBERS OF THE				FRIENDS COMMITTEE		
245 2ND STREET, NE	PUBLIC AND GOV. LEADERS				ON NATIONAL		
WASHINGTON, DC 20002	ABOUT RELEVANT ISSUES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	LEGISLATION		X
		1	1	1	1	1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

WILLIAM PENN HOUSE

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_																			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		g) (h)		(i)	(j)	(k)											
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total income	Share of total	Share of total	Share of	Disproportionate		Disproportionat		Disproportionate		Disproportionate		Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership															
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0															
	1																									
	1																									
	I		I																							
	1																									
	1																									
	1																									
	1																									
		l .					l																			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X			
c Gift, grant, or capital contribution from related organization(s)				1c		X			
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)				1e	X				
f Dividends from related organization(s)				1f		_X_			
g Sale of assets to related organization(s)				<b>1</b> g		X			
h Purchase of assets from related organization(s)				1h		X			
i Exchange of assets with related organization(s)				1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		X			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
				11		X			
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati	on(s)			1n	Х				
Sharing of paid employees with related organization(s)				10	Х				
p Reimbursement paid to related organization(s) for expenses				1p	X				
q Reimbursement paid by related organization(s) for expenses				1q		_X_			
r Other transfer of cash or property to related organization(s)				1r		_X_			
s Other transfer of cash or property from related organization(s)				1s		X			
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	onships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved					
(1) FRIENDS COMMITTEE ON NATIONAL LEGISLATION	0	231,636.							
(2)									
(0)									
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property for related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) (b) (c) Amount involved Method of determining amount in type (a-s)  (1) FRIENDS COMMITTEE ON NATIONAL LEGISLATION O 231,636.  (2) (3) (4) (6)									
(4)									
(T)									
(5)									
1-7									
(6)									
132163 11-17-21	2.7		Schedule	R (Forr	n 990)	2021			

Schedule R (Form 990) 2021 WILLIAM PENN HOUSE 52-0846718 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Al or Percentage ging ownership
	-									
										-
	_							Ochodolo		